DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 200210076-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

	names ai	re listed below) of th		below) or an original, first and ch is claimed and for which a	
the specification of wh	ich is atta	ached hereto unless t	he following box is ch	necked:	
() was filed on		as US Appli	cation No. or PCT Into	ernational Application	
Number		and was amend	led on	(if applicable).	
	s amende	ed by any amendmer	nt(s) referred to abov	above-identified specification, e. I acknowledge the duty to FR 1.56.	
Foreign Application(s) and/or			C.d. C.d. 110 of		
	elow and h	ave also identified below	any foreign application for	any foreign application(s) for patent or patent or inventor(s) certificate having	
COUNTRY		APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119	
				YES: NO:	
				YES: NO:	
Provisional Application			·		
I hereby claim the benefit unbelow:	nder Title 3	5, United States Code Se	ction 119(e) of any United	States provisional application(s) listed	
	A	PPLICATION NUMBER	FILING DATE		
U. S. Priority Claim				States application(s) listed below and,	
manner provided by the first	paragraph e 37, Code	of Title 35, United States of Federal Regulations, Se	Code Section 112, I ackrection 1.56(a) which occur	e prior United States application in the nowledge the duty to disclose material red between the filing date of the prior	
APPLICATION NUMBER		FILING DATE	STATUS (p	patented/pending/abandoned)	
					
			-		
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith: Customer Number 022879 Place Customer Number Bar Code					
	_	<u> </u>	Label here		
Send Correspondence to HEWLETT-PACKARD CO Intellectual Property Adm	MPANY		Direct Telephor Timothy F. My		
P.O. Box 272400			·	541 715 4197	
Fort Collins, Colorado 80	0527-2400		341 713 4137		
made on information a with the knowledge	ind belie that willf , under S	of are believed to be ful false statements section 1001 of Title	true; and further that and the like so ma 18 of the United Sta	are true and that all statements it these statements were made are punishable by fine or ates Code and that such willfulnt issued thereon.	
Full Name of Inventor: Mai	rk A. Smi	th	Citizenship: US		
Residence: 2959 NW Angelica Corvallis OR 97330					
Post Office Address: Same as residence					
	1		7/11/103		
Inventor's Signature Date					

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (c ntinued)

ATTORNEY DOCKET NO. 200210076-1

Full Name of # 2 joint inventor	William R Boucher	Citizenship: US	
Residence:	2040 NE Conifer Blvd. Corvallis, OR 97	330	
Post Office Address:	Sam as residence		
William R. Bou	<u>Chen</u>	July 14, 2003	
Full Name of # 3 joint inventor	Charles C Haluzak	Citizenship: US	
Residence:	33850 Freeman Ln Corvallis, OR 97333	3	
Post Office Address:	Same as residence		
Inventor's Signature	C. Phlank	7/14/03	
	Date		
Full Name of # 4 joint inventor:		Ciainamahin	
Residence:		Citizenshi <u>p:</u>	
Post Office Address:			
Inventor's Signature	Date		
Full Name of # 5 joint inventor:		Citizenshi <u>p:</u>	
Residence:			
Post Office Address:			
Inventor's Signature	Date		
Full Name of # 6 joint inventor:		Citizenship:	
Residence:			
Post Office Address:			
Inventor's Signature	Date		
Full Name of # 7 joint inventor:		Citizenship:	
Residence:			
Post Office Address:			
Inventor's Signature			
	Date		
Full Name of # 8 joint inventor:		Citizanakin	
Residence:		Citizenship:	
Post Office Address:			
Inventor's Signature	Data		